

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/10/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/11/2006						
		FINANCIAL PAYER: NCMMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	682	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	171	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	10	1376	1475	99
		8621	169	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404904	WESTERN HIGHLAN DS LME	8505	2507	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1585	DUPLICATE OF CLAIM-SYSTEM	0	4758	5786	1028
		79	178	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404910	PATHWAYS	8505	1817	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	339	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	2433	3452	1015
		11	114	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	153	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8505	57	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	173	351	1475	1124
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8599	5144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	2075	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	946	14734	35747	21013
		21	1999	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIALOR HEAL	21	559	DUPLICATE OF CLAIM-SYSTEM				
		79	370	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	1204	10858	9654
		8621	103	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404917	CENTERPOINT HUM AN SERVICES	8599	319	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	311	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	93	1050	4399	3349
		143	86	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	21	70	DUPLICATE OF CLAIM-SYSTEM				
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	87	1559	1472
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL L AREA MH D	8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	168	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	3	917	4442	3525
		11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	8000	842	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	1599	3912	2313
		5312	140	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	21	4642	DUPLICATE OF CLAIM-SYSTEM				
		8000	3906	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	167	11919	13920	2001
		8599	1650	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	525	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	351	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	1	1308	7329	6021
		8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1149	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	391	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	248	3961	6272	2311
		8000	330	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404926	SOUTHEASTERN RE G MENTAL HL	8000	1185	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8599	237	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1937	9001	7064
		11	235	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404927	CUMBERLAND CO M HC	8518	2459	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8505	753	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	3594	4747	1153
		8800	101	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8000	1604	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	58	1786	2484	698
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404931	WAKE CO HUM SVC BILLING OF	8505	3778	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	717	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	24	4971	6196	1225
		11	224	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	79	77	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	296	3519	3223
		1551	48					
3404934	ONSLow CARTERET BEHAV HEAL	11	2596	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	615	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	14	4279	5712	1433
		21	349	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8536	74	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		191	31	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	10	142	2105	1963
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404937	EDGEcombe NASH MNTL HLTH C	8000	51	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		21	24	DUPLICATE OF CLAIM-SYSTEM	0	98	1309	1211
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		10	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	103	2048	1945
		8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404941	PITT CO MH/DD/S AS CENTER	8599	225	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	206	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	839	1488	649
		21	182	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOMANN UMAN SERVIC	8000	73	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	126	1451	1325
		21	12	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBERMARLE MENTA L HEALTH CE	537	90	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
		8931	49	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	79	341	2165	1824
		11	46	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMA N SERVICES	21	786	DUPLICATE OF CLAIM-SYSTEM				
		8505	618	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	2795	2842	47
		8599	418	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	27	3932	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		8505	1626	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	5707	5718	11
		8800	77	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8000	130	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
		8599	96	DETAIL NOT COVERED BY COMBINAT	52	385	2991	2606
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	40	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	8000	90	NO RATE AVAILABLE ON FILE TO P				
	H/DD/SA PRO			RICE THIS CLAIM DETAIL				
		11	78	CLIENT NOT ELIGIBLE ON SERVICE	0	300	2964	2664
				DATE				
		8505	50	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				